

Global Fund HIV Proposals 2011



WHO/UNAIDS Technical Guidance Note

Reduction of HIV-related stigma and discrimination

Rationale for including this activity in the proposal

Stigma and discrimination are among the foremost barriers to HIV prevention, treatment, care and support. Specifically, research has shown that stigma and discrimination undermine HIV prevention efforts by making people fear the seeking of HIV information, services and modalities to reduce their risk of infection and fear the adoption of safer behaviours, lest these actions raise suspicion about their HIV status. Research has also shown that fear of stigma and discrimination discourages people living with HIV from disclosing their status, even to family members and sexual partners, and undermines their ability and willingness to access and adhere to treatment. Thus, stigma and discrimination weaken the ability of individuals and communities to protect themselves from HIV and to stay healthy if they are living with HIV.

All country and regional consultations on universal access to HIV prevention, treatment, care and support held in 2010–2011 identified stigma and discrimination as key obstacles to universal access. To that end, the UNAIDS Programme Coordinating Board emphasized that “programmes to reduce HIV-related stigma and discrimination and to increase access to justice should be seen as integral and essential to every national HIV response, and fundamental to the successful achievement of the goals and activities articulated in HIV strategies, plans and funding proposals” (June 2010 Programme Coordinating Board Report, Para. 50). Similarly, in February 2011, the Global Fund’s Technical Review Panel expressed concern regarding the “limited inclusion in [Round 10] proposals of existing human rights instruments and measures to address stigma and discrimination” and recommended that applicants should include activities to address stigma and discrimination as opposed to merely making token references to the issues within the proposal’s text.

Within the 2011 Political Declaration on HIV/AIDS, states committed to “national HIV and AIDS strategies that promote and protect human rights, including programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV, including their families, including through sensitizing the police and judges, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy and legal services, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support” (Para. 80).

Stigma and discrimination have a disproportionately negative impact on the rights of people living with HIV, criminalized populations, women, and children affected by HIV. Moreover, stigma and discrimination needlessly increase the negative consequences associated with HIV, affect the overall well-being and health of people affected by HIV, and undermine the ability of people living with HIV to remain productive self-supporting citizens and reach their human potential. As no one should suffer from discrimination (a human rights violation), reducing HIV-related stigma and discrimination is a public good in itself. The Global Fund’s funding framework explicitly supports proposals that aim to eliminate stigma and discrimination against people living with and affected by HIV. The community system strengthening framework developed by The Global Fund and partners outlines specific components and service delivery areas to provide a mechanism for financing proposals aimed at eliminating stigma and discrimination.

Box 1

HIV-related *stigma* refers to the negative beliefs, feelings and attitudes towards people living with HIV, groups suspected of being infected with HIV or affected by HIV by association (e.g. families of people living with HIV), and other key populations at risk of HIV transmission, such as people who use drugs, sex workers, men who have sex with men, and transgender people.

HIV-related *discrimination* refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes unfair treatment of other key populations, such as sex workers, people who use drugs, men who have sex with men, transgender people, people in prison, and in some social contexts women, young people, migrants, refugees and internally displaced people. HIV-related discrimination is usually based on stigmatizing attitudes and beliefs about populations, behaviours, practices, sex, illness and death. Discrimination can be institutionalized through existing laws, policies and practices that negatively focus on people living with HIV and marginalized groups, including criminalized populations.

Situation analysis

Research has shown that the actionable causes of stigma and discrimination (and their manifestations) are remarkably similar across cultures. These causes include:

- ◆ lack of awareness of stigma and of its harmful consequences;
- ◆ irrational fears and lack of sufficient knowledge regarding fear of HIV infection;
- ◆ social judgement, prejudice and stereotypes against people living with HIV and other key populations;
- ◆ structural facilitators such as laws and policies.

As part of designing an effective national response to HIV, stakeholders should conduct a situation analysis to assess what is increasing stigma and discrimination and what can facilitate their reduction in different settings. The situation analysis could include the following questions:

Structural-level facilitators

- ◆ Are there laws in place to protect people living with HIV and other key populations from discrimination, and are those laws being enforced?
- ◆ Are there laws in place that hinder access of certain populations to HIV services (e.g. inappropriate criminalization of HIV transmission, criminalization of sex work, criminalization of same-sex sexual activity, criminalization of drug use or harm-reduction measures, or HIV-related restrictions on entry, stay and residence)?
- ◆ Are there mechanisms to report, document and address cases of discrimination against people living with HIV or other key populations?
- ◆ Are law enforcement practices discriminatory (e.g. do police harass, arbitrarily arrest or practise violence against sex workers, people who use drugs, men who have sex with men or transgender individuals and thus interfere with access to HIV services among these populations)?
- ◆ Do people living with HIV and other key populations know their right to be free from discrimination, and do they have access to justice in case of unfair treatment such as through affordable and accessible legal services?

Institutional contexts

- ◆ Does the country have policies against HIV-related discrimination in employment and health-care settings, schools and other institutional settings?
- ◆ Do health workers, police officers, judges, lawyers and so on receive training on non-discrimination in the context of HIV?

Attitudes and behaviours

- ◆ Does the general population hold stigmatizing attitudes and exhibit stigmatizing behaviour towards people living with HIV or other key populations? What are the causes of these views?
- ◆ Do service providers in institutional settings (e.g. health workers, teachers, religious leaders, prison staff) hold stigmatizing attitudes or engage in discriminatory actions? What are the causes of these views?
- ◆ Do people living with HIV, sex workers, men who have sex with men, transgender people, people who use drugs, prisoners and so on experience stigma and discrimination? If so, what forms do the stigma and discrimination take, and in what contexts do they occur?

Every national response should be based on an evidence-informed understanding of HIV-related stigma. Tools are available to assess the prevalence and forms of stigma and discrimination and reasons for this as experienced by people living with HIV, and the implementation of these can be included in Global Fund HIV proposals. These tools include:

- ◆ the People Living with HIV Stigma Index (<http://www.stigmaindex.org/>);
- ◆ the PLHA-friendly Achievement Checklist: A Self-assessment Tool for Hospitals and Other Medical Institutions caring for People Living with HIV/AIDS (<http://www.popcouncil.org/pdfs/horizons/pfechkst.pdf>).

Focus populations

Rights-based approaches to HIV call for particular emphasis on ensuring that the most marginalized people, the people most at-risk of infection with HIV, and the people most affected by HIV benefit from the national response in proportion to their need. This is particularly important for reducing HIV-related stigma and discrimination. The Global Fund calls for applications to describe how the proposal adheres to principles of equality and fairness in the selection of focus populations. Proposals should cite data regarding the levels of access to HIV services by different populations, identify discrepancies or gaps in access, and articulate objectives and activities to address the underlying causes of these. Where disaggregated data for key populations do not exist, or where there is a lack of evidence regarding human rights issues impacting on HIV responses, proposals should include programmes to collect such data.

Key activities to consider

Programmes at a structural level may include the following:

- ◆ *Monitoring and reforming laws, regulations and policies relating to HIV:*
 - ▶ audit of the elements of the legal environment (e.g. law, law enforcement, access to justice) and their impact on HIV prevention, treatment, care and support;
 - ▶ drafting and enacting of legislation that protects people living with HIV and other key populations from discrimination;
 - ▶ promoting the removal of punitive legislation, including criminalization of HIV transmission, sex work, drug use or harm reduction, consensual same sex activity, and so on.
- ◆ *Law enforcement:*
 - ▶ training of law enforcement, lawyers and judiciary on non-discrimination in the context of HIV;
 - ▶ joint planning and programming with ministers of interior and justice, the police and prison authorities to create enabling legal environments for effective HIV responses.
- ◆ *Access to justice:*
 - ▶ legal literacy programmes for people living with HIV and other key populations;
 - ▶ programmes to support civil society organizations to advocate and mobilize against stigma and discrimination;

- ▶ establishment or expansion of HIV-related legal services, alternative forms of dispute resolution and assistance with informal or traditional legal systems.

Programmes at the institutional level may include the following:

- ◆ establishment or operationalization of workplace policies against discrimination;
- ◆ workplace programmes and training for health workers, social workers, uniformed services and workers in the education sector.

Programmes at the community level may include the following:

- ◆ participatory education programmes to dispel myths and fears relating to key populations and HIV transmission;
- ◆ engagement of the media and mass communications (e.g. compassionate messages from religious leaders, engaging celebrities, “edutainment”);

Programmes at the individual level to reduce internalized and anticipated stigma may include the following:

- ◆ counselling and psychosocial support around stigma and discrimination;
- ◆ integrated care and support programmes for quality of life;
- ◆ peer support and support groups (e.g. prevention of mother-to-child transmission (PMTCT), antiretroviral treatment, addressing stigma and discrimination adherence support, support groups);
- ◆ legal services and redress for discrimination.

Suggested key indicators

Programmes to reduce stigma and discrimination should use baseline indicators for their programmatic outcomes of actual reduction in stigma and discrimination (e.g. in the community and within focus populations and environments). Where possible, indicators should also demonstrate impact on uptake of and access to HIV testing, prevention, treatment and care.

Current indicators that can be used to measure stigma and discrimination programme outcomes include the following:

- ◆ The People Living with HIV Stigma Index (<http://www.stigmaindex.org/>), a programmatic tool to measure stigma and discrimination experienced by people living with HIV. The tool is implemented by and among people living with HIV in collaboration with academic institutions, governments, the UN and other partners.
- ◆ Indicators on accepting attitudes towards people living with HIV in the general population, included for example in MEASURE DHS (Demographic and Health Surveys; http://www.measuredhs.com/hivdata/ind_tbl.cfm).
- ◆ National Composite Policy Index (NCPI), an integral part of the UNGASS indicators. The NCPI includes several questions that are relevant in terms of measuring the structural and institutional facilitators of stigma and discrimination and that can be used to identify changes in the legal and policy environment (which could be direct or indirect outcomes of some stigma and discrimination programmes).

Questions in the NCPI include the following:

- ◆ *Questions that assess the existence of protective and punitive laws:*
 - ▶ Does the country have laws and regulations that protect people living with HIV against discrimination?
 - ▶ Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations (e.g. women, young people, people who use drugs, men who have sex with men, sex workers, people in prison, migrants)?

- ◆ *Questions to assess law enforcement:*
 - ▶ Do independent national institutions exist for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs and are there ombudsmen in place that consider HIV-related discrimination within their work.
 - ▶ Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts, for example:
 - ▶ In the past 2 years, have members of the judiciary (including labour courts and employment tribunals) been trained or sensitized to HIV and human rights issues, including discrimination, that may come up in the context of their work?
 - ▶ Overall, how would you rate the effort to enforce the existing policies, laws and regulations in 2010 (using a 10-point scale from very poor to excellent)?
- ◆ *Questions to assess access to justice:*
 - ▶ Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations or other vulnerable subpopulations?
 - ▶ Are there programmes in place to educate and raise awareness among people living with HIV concerning their rights, including non-discrimination.
- ◆ *Questions on policies and programming relevant to stigma and discrimination:*
 - ▶ Does the country have a policy prohibiting HIV screening for employment purposes (recruitment, assignment/relocation, appointment, promotion, termination) or for entry, stay or residence within the country?
 - ▶ Are there programmes in place to reduce HIV-related stigma and discrimination? If yes, what types of programme (e.g. media, school education, workplace, personalities regularly speaking out)?

For all relevant questions and indicators in the NCPI, and for more information, see http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2010_UNGASS_Reporting.asp.

Linkage with other activities

Programmes to reduce HIV-related stigma and discrimination may be implemented independently but may also be integrated into other HIV activities, such as social and behaviour change programmes, community outreach and mobilization, community system strengthening and health system strengthening, HIV testing and counselling, treatment, PMTCT, prevention among key populations and home-based care.

Approach to costing

Although many countries reference the promotion and protection of human rights in their HIV strategies, in practice programmes supporting human rights, including anti-stigma and discrimination initiatives, are rarely taken through the full planning process – from strategy to activities, budgeting, monitoring and evaluation. Costing and budgeting of programmes to reduce stigma and discrimination is essential to their effective implementation. UNAIDS is finalizing a costing tool that facilitates costing and budgeting processes for human rights programmes, supports their inclusion in national strategic plans and helps to translate them into precise activities and indicators. This tool will be available by the end of 2011. Interested stakeholders should check regularly at <http://www.unaids.org> for updates on the availability of the UNAIDS costing tool.

Key reference materials

Reducing HIV stigma and discrimination: A critical part of national AIDS Programmes – a resource for national stakeholders in the HIV response. Geneva, United Nations Joint Programme on HIV/AIDS, 2007 (http://data.unaids.org/pub/Report/2008/jc1521_stigmatisation_en.pdf).

Toolkit: Scaling up HIV-related legal services. Rome, International Development Law Organization and United Nations Joint Programme on HIV/AIDS, 2009 (http://data.unaids.org/pub/Manual/2010/20100308revisedhivrelatedlegalservicetoolkitwebversion_en.pdf).

Taking action against HIV: A handbook for parliamentarians. Geneva, Inter-Parliamentary Union and United Nations Joint Programme on HIV/AIDS, 2007 (http://data.unaids.org/pub/Manual/2007/20071128_ipu_handbook_en.pdf).

Legal aspects of HIV/AIDS: A guide for policy and law reform. New York, World Bank, 2007 (<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/LegalAspectsOfHIVAIDS.pdf>).

Important reminder

Programmes to reduce stigma and discrimination should help to empower those people affected by stigma and discrimination and should be implemented in ways that promote equality and non-discrimination, participation, inclusion and accountability. Such programmes often also contribute to the strengthening of community systems.

The most effective programmes address the reasons for stigma and discrimination; have support for at least 3–5 years; are tailored to the context; involve people living with HIV and other key populations in design, implementation and monitoring; and employ multiple strategies to achieve change.

Given the pervasiveness of stigma and discrimination, the response to these should involve activities at different levels, including in families, communities and institutions (e.g. health care, the police, education, employment, the media, Parliament, the judiciary) and seek to change, where necessary, policies, laws and regulations so that they protect against, rather than further, discrimination.

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